

Liu

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/687,783 (Patent No.: 7,300,459)
Filing Date	October 17, 2003 (Issue Date: November 27, 2007)
First Named Inventor	Richard R. Heuser
Art Unit	3738
Examiner Name	Suzette Jaime J Gherbi
Attorney Docket Number	92833-796914 (formerly 028387-000500US)

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: 20350



NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: 21971

OR

B. Inventor or
Assignee name

Address

City	State	Zip	Country
------	-------	-----	---------

Telephone	Email
-----------	-------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Brad J. Loos/
-----------	----------------

Name	Brad J. Loos	Registration No. 51,968
------	--------------	-------------------------

Address	Kilpatrick Townsend & Stockton LLP Two Embarcadero Center, Eighth Floor
---------	--

City	San Francisco	State	CA	Zip	94111	Country	USA
------	---------------	-------	----	-----	-------	---------	-----

Date	May 11, 2011	Telephone No.	650-326-2400
------	--------------	---------------	--------------

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

63332571 v1